2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000050687

1. Entity Name
APPLE GROUP MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
2950 NW 101 LANE CORAL SPRINGS, FL 33065	2950 NW 101 LANE CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
03-0439768		Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

BEYER, STEPHEN M
2201 NW CORPORATE BLVD. SUITE 103
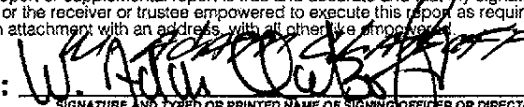BOCA RATON, FL 33431

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000035312 02/06/04-80012-024 158.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CLATSOFF, W. ADAM
STREET ADDRESS	2950 NW 101 LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   2/8/04   954-753-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #